

Michigan Child Care Matters



DEPARTMENT OF CONSUMER & INDUSTRY SERVICES

Bureau of Regulatory Services
Division of Child Day Care Licensing

SAFE ENVIRONMENT - PART II

Issue 54 Fall, 2000

From the Division Director



By now most, if not all, child care center licensees are aware that new child care center rules went into effect July 1, 2000. A copy of the new rules has been sent to all child care centers. Included in that mailing was a list of the rule changes effective July 1.

These new rules represent not only a change for center providers but for licensing consultants as well. Questions will surface as we implement these rules. While licensing staff may not be able to respond immediately to them, we will answer all questions as quickly as possible.

The Department of Consumer & Industry Services' management has committed the Division to take a reasonable approach when assessing compliance with the new rules. Licensing consultants, in working with center providers, will seek to obtain a plan for achieving compliance. If the plan is at all reasonable, staff will accept it in support of moving toward compliance.

Licensing consultants will assess compliance with new rules at the time of the renewal visit or when an interim visit is conducted. In some instances, when special investigations are conducted, rule compliance will also be assessed. Our goal is to work with child care center providers in moving toward full compliance. While noncompliance may need to be cited, a reasonable plan for correction will be accepted and monitored.

Please conduct your own review and make every effort to move toward complying with these new rules. Understanding and implementing any set of standards, much less new ones, is an ongoing process. We will work with you closely during this transition period.

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Healthy Kids, Healthy Staff

Judy Levine, Area Manager
Child Day Care Licensing

Is it possible to attend child care and remain healthy? The answer to this question is: "Probably not!" However, care givers and children alike can take steps to minimize the occurrence of illness in child care settings.

The Problem

Doctors and other medical personnel are concerned about the health of children who attend child care for the following reasons:

- ***The numbers of children in a group setting.*** Children bring germs from their homes. The more children the more germ pools. Children in centers have greater incidences of illness than children in a family or group home setting and these children are ill more frequently than those children who remain in their own homes.

- ***There are some diseases that affect very young children.*** Because babies lose the antibodies that they gained at birth from their mothers, they are more susceptible to illness. In addition, they have not yet been vaccinated against childhood diseases. Ear infections are a common problem to children under 5 years of age as the eustachian tube is wide and horizontal, allowing for fluids to drip into the ear canal. As the children get older, the tube becomes narrower and more diagonal and the incidents of ear infections decline.

- ***There are diseases that affect young children, family members and staff.*** Children bring into their homes the germs that have been passed around in child care and visa versa. As a result, certain diseases including head lice, shigella, and giardia, are spreading through more than one environment.

- ***There are some diseases that cause serious illness to adults and the unborn.*** Parents who participate in child care settings, as well as the child care staff, may contract diseases that can seriously affect their well-being. Pregnant women may contract childhood diseases that imperil their unborn child.

- ***Working parents may be under a great deal of stress.*** An ill child compounds that stress level. Children often are sent to child care settings having received a dose of Tylenol. By 10:00 a.m. when the drug

wears off, the child care facility is contending with an ill child. Unfortunately, busy moms or dads cannot always pick up their ill child as quickly as they would like.

Types of Diseases

The four types of diseases are respiratory, gastrointestinal, skin infections and blood borne. Respiratory illnesses spread through the air; gastrointestinal through fecal/oral transmission; skin infections through direct contact; and blood borne through contact with the blood. Some diseases such as chicken

pox and pink eye are spread in more than one way.

Germs are transmitted from one individual to another in these various ways. By the time an individual shows signs of illness, she has already shared the germs with whom she has had contact.

A chain of infection begins with germs that are present in sufficient numbers and powerful enough to cause illness. The organism lives in an ill person. It exits through body secretions such as those from the respiratory tract, fluid from skin lesions, feces, vomit, urine or blood and enters a new individual. Certain factors that affect the ability to fight off infection include the immune system of the receiver, the age of the person, their nutritional status and the current state of health.

Picture Johnny, an 18 month old in your care. Johnny has a cold. As he plays with a ball he mouths it. Mucous and saliva are introduced onto the surface of the ball. Johnny drops the ball and walks away. Peter, spying the ball, picks it up and starts playing with it. Peter has a runny nose. His eye is also tearing. Peter rubs his eye with the hand that has touched the ball that holds Johnny's mucous and saliva.

Got the picture. So what can you do? Control of disease is achieved by a **break** in the chain of infection. ***The single most important thing that you can do to break the cycle of infection is to wash your hands.*** To achieve a healthy environment for all, training children (even infants) and staff to wash hands may be one of the most important lessons to learn. Everyone must wash their hands with soap and running water before food preparation, before eating,

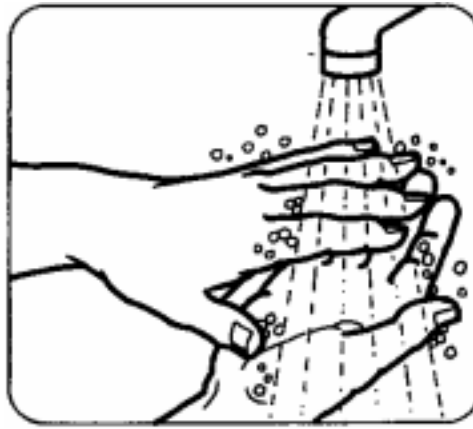


after diapering and toileting, and after nose blowing and picking.

Other Factors Effecting Control of Disease

Other factors that effect the control of disease in a child care setting include:

- **Understanding hygiene.** Use a tissue on only one child. Be prepared for having more than one snotty nose at a time. Sharing a towel or using a wash cloth on more than one child is a great way to spread disease, so don't do it.
- **Having toilets and sinks accessible.** Have enough toilets and sinks available to the children and make them user friendly.
- **Having small group size and not mixing age groups.** Where possible have smaller group sizes, even in child care centers. If you don't have to mix children who require diapering with those who are trained, don't. If that is not an option and you are the one who diapers, be diligent about washing your hands after diapering each child.
- **Ventilating rooms and vehicles.** Our homes and centers are so well insulated that they trap the germs inside. Open windows in buildings and cars, vans or buses. Get the stale air out and the fresh air in.
- **Immunizing children and staff.** Make sure children are immunized or have had the disease. Care givers should determine if they are naturally immunized by having had the disease or having received immunizations. Tell your doctor that you work with young children.
- **Having clean food preparation staff, food preparation area and eating areas.** The staff must be conscientious hand washers and must insure that the food preparation area, tools and eating surfaces are clean and sanitized.
- **Developing and implementing a health care plan.** Have a plan of action if children get ill. Develop diapering and hand-washing procedures, policies for medication dispensing and exclusion policies.
- **Developing and implementing a cleaning schedule.** Develop a cleaning schedule so you and the staff know what needs to be cleaned and how often. Just like McDonalds, post the cleaning schedule and have the responsible person mark it off with the time the item was cleaned.
- **Ensuring that parents have an alternative care**



plan. At enrollment time, tell the parents that their child will get ill until she gets used to the germ pool of the child care facility. Parents need to have a plan as to who they will call for assistance should their child need to remain home from child care. Parents should plan for more than one person to take on this responsibility in case the original plan is not viable. *Ensuring that parents have an alter-*

native care plan will help parents to relieve stress in the morning when their child tells them they are not feeling well.

With a greater understanding of the spread of disease and a little bit more effort, we can control the spread of illness in child care settings. ❖

Hand Sanitizers No Substitute for Soap and Water

Instant hand sanitizers may not be everything consumers expect, according to a Purdue university professor who teaches sanitation practices for food service workers.

"Waterless, antibacterial hand sanitizers are marketed as a way to 'wash your hands' when soap and water aren't available, and they are especially popular among parents of small children," says Barbara Almanza, associate professor of restaurant, hotel, institutional and tourism management. "But research shows that they do not significantly reduce the overall amount of bacteria on the hands, and in some cases they may even increase it." Almanza says a hand sanitizer can't take the place of old-fashioned soap and water at home or anywhere else.

"In terms of the regulations regarding food services, the Food and Drug Administration says hand sanitizers may be used as a supplement but not as a substitute for hand washing," Almanza explains.

Purdue News Service
March 2000

CHILDHOOD DISEASES ARE NOT KID STUFF

Dennis L. Murray, M.D.

Department of Pediatrics and Human Development
Michigan State University

Reprinted from Better Homes and Centers, Issue 26

Infectious diseases have been a major concern when attempting to provide assurance of quality in child care. The usual focus has been on the health and well-being of children rather than the health of staff members. Children, however, are a reservoir for many infectious agents, and because caregiving staff come into close and frequent contact with children and their excretions and secretions, child care workers are at major risk of developing a variety of infectious diseases.

Caregiving staff are predominantly women, most often of child-bearing age. Certain infections contracted by a pregnant woman may also endanger the developing fetus. All child care workers need to be informed of the risks of working with young children. Maintenance of age-appropriate routine immunizations for all children and caregiving staff is the hallmark of primary prevention of infectious disease in child care facilities.

Caregiving staff should be up-to-date for all vaccines recommended for adults. This includes a primary series for tetanus and diphtheria, and a booster vaccination against these agents every ten years. Recommendations also include being immune to measles, mumps, polio-myelitis, and rubella viruses.

While virtually all persons born before 1957 are immune to measles, 10-15 percent of individuals born since 1963 may not be immune, and therefore would be susceptible to infection. Rubella virus may have devastating effects upon the developing fetus and approximately 10 percent of young adults are not immune to this virus today. Determination of presence of antibodies to measles, mumps, and rubella is one means of assuring protection against these infectious agents. In areas where these tests are not readily available, however, immunization (or re-immunization) with measles, mumps, rubella vaccine (MMR) may be more practical, and should be considered for healthy caregiving staff.

Three other diseases for which vaccines do not yet exist, or are not appropriate for adults, deserve mention. Tuberculosis, a serious bacterial infection, is on the increase nationwide. Testing for prior exposure and infection with *Mycobacterium tuberculosis* is accomplished by use of a tuberculin skin test. Such

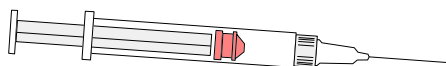
skin testing should be performed prior to starting employment and at regular intervals as recommended by local health authorities.

Varicella zoster virus (chickenpox) infection occurring in adults may result in a serious illness, especially in those with underlying chronic health problems. Approximately 8 percent of American adults (over 15 years of age) are not immune to chickenpox. While a positive history of disease is a reliable indicator of immunity, blood testing should be considered for those caregiving staff with unknown or negative histories of disease. Should an outbreak of chickenpox occur at a child care facility, susceptible staff may wish to remain at home for the duration of the outbreak to decrease their risk of exposure.

Finally, all caregiving staff should receive education concerning the increased probability of exposure to cytomegalovirus (CMV) in child care settings. While healthy children are usually not adversely affected by this infection, they may transmit it to parents and/or adult caregivers.

CMV is the leading cause of congenital infection in the United States; and a primary infection in a pregnant woman carries the greatest risk of damaging after-effects. Transmission of CMV appears to require direct contact with virus containing body fluids (saliva and urine), thus careful attention to hygiene (hand washing and avoidance of secretions) is vitally important to preventing infection in caregiving staff. In large studies involving over 30 centers and 500 adult staff each, researchers in Alabama and Virginia found antibody evidence of recent infection of 14-20 percent. A blood test to determine a worker's immunity to CMV is available and has been recommended by some specialists.

Children and caregiving staff in child care settings probably are at a higher risk of exposure to certain diseases than is the general population. Many of these diseases, however, can be successfully prevented by effective measures such as immunizations, improving hygiene standards, and better disease recognition and control. ❖



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Getting Children Ready for Kindergarten

Contributed by Lee Ann Farrell, R.N.

East Ann Arbor Health Center

Pediatrics

With the beginning of each school year come the questions about children's immunizations. "What have they had?" "What do they need?"

Children who are entering kindergarten should have completed their infant immunizations series, and should have received a booster dose of diphtheria-tetanus-pertussis (DTaP), polio, and measles-mumps-rubella. The DTaP and polio boosters must be given on or after the child's fourth birthday. The second dose of MMR vaccine is routinely given at the same time, but can be given as early as 15 months of age, provided it is at least one month after the first dose.

New requirements for this school year (2000-2001).

Beginning this fall, the hepatitis B series is required for all children who are entering a new school district in Michigan. This applies to all kindergartners and all children who are entering a school district for the first time.

Requirements for chickenpox shot.

The chickenpox vaccine or a reliable history of chickenpox disease will be mandatory for the 2002-2003 school year. A parent's statement that the child has had chickenpox is sufficient documentation of immunity. Chickenpox vaccination or a reliable history of chickenpox disease is already required for children between 15 months and five years of age who are cared for in state licensed or registered child care and preschool programs. This requirement went into effect on January 1, 2000.

Other requirements and recommendations.

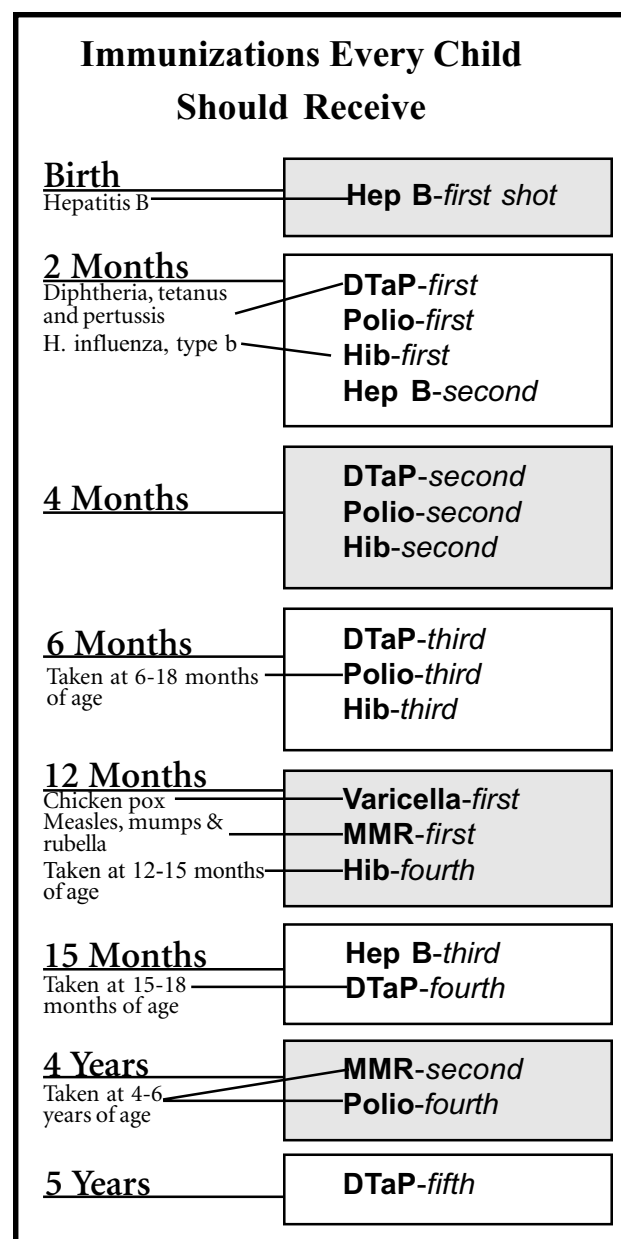
Many preschools require that a child receive the pre-kindergarten boosters once the child is four years old.

Infants and preschoolers who are in child care or preschool programs must be current on their immunizations. The hepatitis B series and the chickenpox shot are already required for child care and preschool programs in addition to DTaP, Haemophilus influenzae type b (HIB), polio and MMR, vaccines as age appropriate.

A tetanus-diphtheria booster (Td) is recommended at 11-12 years of age, if it has been at least five

years since the last DTaP. Subsequent tetanus boosters are recommended every 10 years.

If parents have any questions about immunizations, they can talk to their children's health care provider, call the immunizations clinic at their local health department, or call 1-888-76 SHOTS. ❖



POISONS, POISONS EVERYWHERE

Tina Marks, Licensing Consultant

Wayne County

Reprinted from Better Homes and Centers, Issue 8

Many people are unaware of potential poisons lurking in homes and centers. They tend to think that the only products which could harm them or their children are those which are specifically labeled "Poison." However, the misuse of any household product or medication makes it a potential poison.

Incorrect use, storage and disposal of household products and medications provide young children easy access to the products. If children swallow any number of household products, medications, inhale their fumes, or get them on their skin, they may be endangered.

Frequently, poisonings occur because adults simply do not recognize the capabilities of small children. There are three basic stages of development in children from six months to five years of age in which natural tendencies to explore and experiment create situations which lead to accidental poisonings.

These stages are:

Crawling children, from six months to one year of age, explore by putting things into their mouths. Their world is the floor and storage areas near the floor where most household cleaners are kept. How many of the following products do you store in your kitchen cabinets?

- Ammonia
- Drain cleaners
- Floor waxes
- Window cleaners
- Wall and floor cleaners
- Dusting aids
- Spot removers
- Carpet and upholstery cleaners
- Metal cleaners and polishes

Toddlers, age one to three years, have the highest poisoning accident rate of any age group. Anything at or slightly above eye level is prime target for these youngsters. Their world includes the closets, table tops, stove and counters. Many cleaning products, medications, poisonous plants and cosmetics are often found in these places.

Climbers, ages three to five years, turn to counter tops, tables and cabinets for adventure. Intrigued by high storage areas they have never been able to reach, they can be most ingenious in creating ways to reach

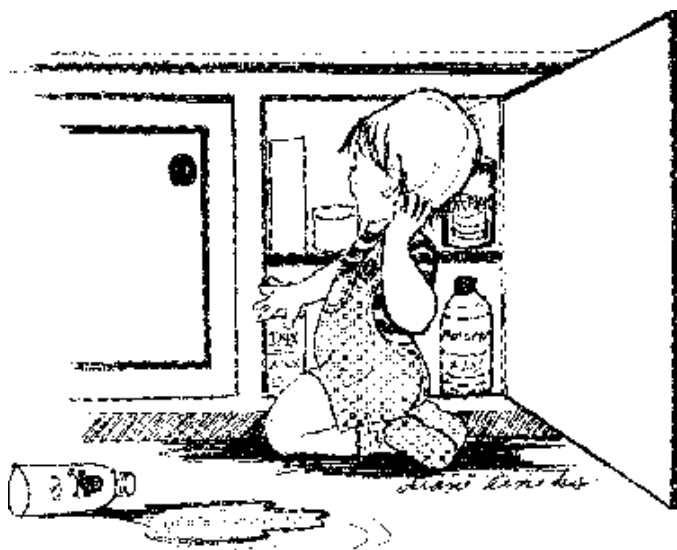
them. Consider the medications and cleaning products stored in your bathroom cabinets.

- Cough syrup
- Aspirin
- Allergy pills
- Decongestant tablets
- Disinfectant sprays
- Tile cleaners

The garage or basement is a dangerous place for both climbers and toddlers. Most automobile and maintenance products are stored there and many of these contain petroleum by-products. Do you have any of these products stored in your garage?

- Charcoal lighter fluid
- Transmission fluid
- Paint thinner/remover
- Kerosene
- Lubricating oil
- Cleaning fluid
- Car cleaner and polish
- Laundry presoak
- Degreaser

Poison prevention is a simple but ongoing process. In addition to taking precautions when using and disposing of products, careful storage patterns will prevent many accidents.



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The safest storage place for poisons is a locked cabinet. Tot locks may be used for convenience but remember they are only a deterrent, not child proof.

Many products are now available in child-resistant packaging. This has been one of the greatest contributors toward the prevention of accidental child poisoning. If a product has a regular cap, be sure it is fastened tightly after each use.

Be careful when using hazardous materials. If you are interrupted while using the product, take it with you. It only takes a second for a child to ingest a fatal dose of a poisonous product.

Use cleaning fluids and aerosols with adequate ventilation only, and avoid breathing the vapors.

Plants are number four on the list of accidental poisoning after aspirin, vitamins, soaps, detergents and cleaners. The majority of children who ingest plants are under five years of age.

Know what plants are potentially hazardous and place them in areas inaccessible to crawlers and toddlers. Children should also be taught at an early age not to put unknown plants such as certain berries into their mouths.

Once an illness has ended, promptly dispose of

drugs prescribed for that illness by flushing them down the toilet if parents do not want them returned. Do not administer a medication to any child other than the one for which it was prescribed.

Never transfer contents of one container into a container other than the original and do not store harmful substances in food or beverage containers.

Call medicine by its proper name. Never refer to it as candy.

Accidents are most likely to occur under the following circumstances:

- A. When dinner is being cooked.
- B. When a guest is in the home.
- C. When there is family tension.
- D. When a caregiver is moving and has not yet settled in.
- E. When a caregiver is on the telephone.
- F. When a child is hungry.

Do not depend on close supervision to prevent ingestion. It is impossible to watch a child every minute. REMEMBER, CHILDREN CANNOT BE POISONED BY SOMETHING THEY CANNOT SEE OR REACH. ❖

Conference Information !

Does it seem that children with challenging behaviors are more common in programs these days? Do you work with or help children that have challenging behaviors? Then this workshop is for you! Join us for a full-day event hosted by the KEEP PROGRAM that will provide solid tools for effectively managing the child whose life has experienced trauma or who exhibits challenging behaviors.

Today's homes and classrooms are full of children who have experienced significant trauma, and those experiences often lead the child to behave in a way that can be frustrating for those who help that child. In this workshop, the psychological effects of trauma will be listed, and participants will discuss concrete techniques for effective intervention.

Learn through an open dialogue with the presenter and other participants, useful mechanisms to make your job as a "helper of young children with challenging behaviors" easier and more supportive.

Workshop Costs:

The \$10.00 registration fee offsets material costs. Box lunches & beverages are included. We apologize for any inconvenience, but NO money may be accepted

on the day of the conference. Pre-registration is required.

For additional conference information contact:
Lesley Phillip at (517) 374-MHSA (6472)
or mhsassoc@juno.com

CONFERENCE SPONSORS:

Michigan Head Start Association
Head Start - State Collaboration Program
Michigan Family Independence Agency

Helping Young Children With Challenging Behaviors

October 6, 2000

9:00am - 4:00pm

Dryer, Dryer, Lint's on Fire!!

Jeff Martin, Licensing Consultant
Berrien County

We all tend to take the safety of laundry appliances for granted. They often provide years of hassle free service with minimal upkeep. However, the potential for disaster lurks in the dryer venting duct, especially if the wrong type of vent is used.

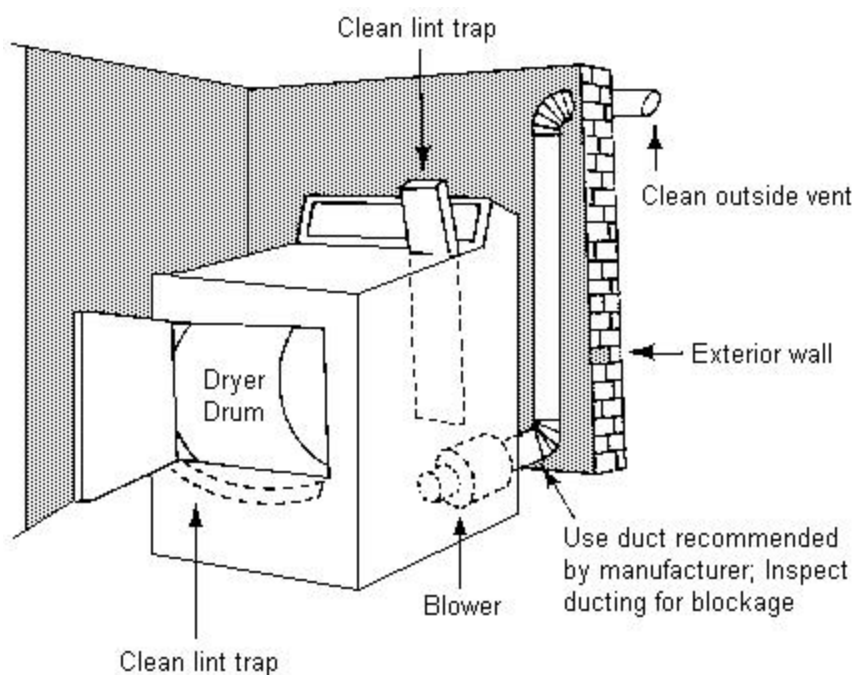
A review of residential dryer installation instructions, received from Whirlpool Consumer Assistance Center, has numerous warnings about the proper venting material. (Warning is defined as "You can be killed or seriously injured if you don't follow instructions.") The warnings state: "Use a heavy metal vent. Do not use a plastic vent. Do not use a metal foil vent. Failure to do so can result in death or fire."

Consumer Reports, March 1997, recommends using flexible metal or rigid metal to vent a dryer and states two other types, flexible plastic and flexible foil, may be dangerous. It states those ducts may sag over time and lead to a buildup of lint in the duct. That lint could catch fire.

Consumer Product Safety Commission (CPSC) has a Consumer Product Safety Alert on overheated clothes dryers. That alert advises one to closely follow the manufacturer's instructions for new installations. It also states most manufacturers have their product tested using metal exhaust duct. They advise consumers to verify that the manufacturer permits the use of plastic duct before using that product. The full alert is found in the CPSC web site at <http://www.cpsc.gov/cpscpub/pubs/dryer.html>.

My work experience has shown that a large number of homes have dryer venting of either plastic or foil materials, in direct contrast with the manufacturers' recommendations. I am also aware that untrained employees of appliance, hardware, discount,

and home improvement centers routinely sell and even recommend plastic or foil venting materials. Do not be lulled into using something potentially dangerous. Insist on the correct duct material as required by the manufacturer of your clothes dryer. If, during your next trip to your laundry area, you find you need to make a change, think seriously about installing one of the two recommended types. A flexible or rigid metal duct is said to be less likely to catch or plug with lint. A plugged exhaust duct could make your



clothes dryer less efficient as well as a fire hazard.

This may also be a good time to install a smoke detector in the utility area. As a past volunteer fireman I spent the wee hours of a morning trudging through a house with two blaring smoke detectors. It took us about 30 minutes to find a small smouldering lint pile in a melted plastic dryer exhaust duct. Those smoke detectors may have saved that family's home. ❖

Security in Day Care Facilities

*Kathy Kram, Program Director
Krambroke Early Learning Center
Macomb County*

Staff and children can be vulnerable in their day care center. Recently in the news there have been disturbing stories of day care children being held hostage. Urban and suburban centers may need to protect against unauthorized entry by people who just happen by the center. All centers have the difficult task of protecting the children once they enter the center.

We are dealing with the concerns of security in day care in several ways. Our facility has some safeguards that help us keep staff and children safe. In addition, we have developed specific policies to protect all of us. Maybe there are some ideas here that would be appropriate for your day care home or center.

Facility Safeguards:

- **All exterior doors are locked.** To enter it is necessary to either have the key to the door or have a staff member open the door.
- **Battery-operated door alarms on the interior of all exterior doors.** These alarms are activated if a child attempts to exit the building.
- **Video cameras in all classrooms.** Children and caregivers are monitored and video taped.
- **Battery-operated door alarms to mechanical rooms.** These alarms are activated if a child attempts to enter a mechanical room.
- **Transportation drivers are issued radio-phones.** This allows the driver instant access to the office with questions or concerns.
- **Telephones.** Telephones are in each classroom with direct connection to the office. Outside calls must go through the office.
- **Locks on exterior gates.**

Procedures and Policies:

- **Dropping off a child – Main entrance.** Parents must enter their access code in the computer to gain entrance to the building from the lobby. Once they are in the building, they take their child to the multipurpose room, where they are greeted by a teacher. The teacher then highlights the child's name on a hard copy of the daily attendance sheet.
- **Picking up a child – Main entrance.** To access

the building one must enter the lobby through the main entrance. You will not be permitted to proceed until you enter your access code in the computer and are recognized by a member of the office staff. You have 2 seconds to open the door. You must then enter into the second lobby, which is also monitored by a member of the staff and through the second set of doors into the center. Phones are at each office station in the event of an emergency.

If you are not the parent or guardian but have been authorized to pick up a child by the parent/guardian your picture identification will be compared and verified with the child's information card. If your name is not on the identification card, written permission from the parent/guardian is required. This document will be verified with the parent prior to your admittance to the building.

If you are not the parent/guardian of the child, that child's caregiver will be notified of your arrival. If the caregiver does not know you, and the office has not informed him/her of your arrival, the caregiver will contact the office for approval before you will be permitted to take the child.

- **Picking up your child – Playground.** If a parent/guardian attempts to take the child from the playground they will be directed to "log out" the child on the computer. If a member of the staff does not recognize that person, staff will radio the office for approval before that person is permitted to take the child.
- **Taking children to the playground–Staff.** Staff must pick up the key to the door to their room at the office and check to see if a radio is presently available on the playground. After turning the door alarm to "chime," they will access the playground through their room. It will be necessary for them to unlock their door to re-enter the building. After entering, the door alarm is to be reactivated.

Not all communities may require such extensive security measures. However, we have found these procedures to be useful in assuring that children are protected from abduction, intruders, custody disputes or just wandering off. ❖





News From FIA

Secondhand Smoke and Young Children

Secondhand smoke, also called environmental tobacco smoke (ETS), is the smoke breathed out by smokers and the smoke from the burning end of a cigarette, cigar or pipe. The smoke from the burning end of a cigarette has many harmful chemicals. Exposure to secondhand smoke is called involuntary smoking, or passive smoking.

Did you know that:

- Children who breathe secondhand smoke are more likely to suffer from pneumonia, bronchitis, and have more ear infections.
- Children who breathe secondhand smoke are more likely to develop asthma. If they have asthma and breathe secondhand smoke, they are more likely to have more asthma attacks.
- Each year there are an estimated 150,000 to 300,000 cases of infections, such as bronchitis and pneumonia, in infants and children under 18 months of age who breathe secondhand smoke, resulting in between 7,500 and 15,000 hospitalizations!

You can protect yourself, your children, and the children in your care by making sure your home is smoke-free.

For more information on health programs and special events call:

- American Lung Association at 1-800-LUNG-USA, or
- National Resource Center for Health and Safety in Child Care at 1-800-598-KIDS (5437)

R.E.A.D.Y. Kits

The R.E.A.D.Y. program was developed to strengthen parent involvement in the early childhood years. The emphasis is on developing language and pre-reading skills needed to enter school ready to read and succeed. *R.E.A.D.Y. Kits* are a compilation of visual, audio and easy-to-understand written materials and activities aimed at child development. Materials are based on research that shows a child's learning ability is greatest from birth to age four. The kits are geared toward infants, toddlers, and preschoolers.

FIA is distributing one kit to every licensed child care center, group home and family day care home in the state. Call the toll free number, 1-877-997-3239, for a free copy of the *R.E.A.D.Y. Kit*.

Parent Pages

A newsletter which contains articles on such topics as motivation, encouraging a love of books, best children's toys, and positive discipline is sent to all parents who receive FIA funds. This bimonthly newsletter also contains children's activities including art to create, recipes to try and games to play. Free copies are available by calling 517-335-6186.



Ready to Succeed - Dialogue with Michigan

Diane Gillham, Licensing Consultant

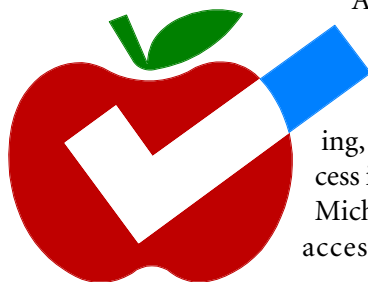
Traverse City

Michigan's first "Ready to Learn Summit" was held on June 11, 1999. Funded by both public and private dollars, the purpose of the summit was to discuss the improvement of early childhood education and care within the state. Leaders from business, faith, health care, higher education, K-12 education, labor, media, philanthropy, and politics and government attended. Key research presented included the following:

- Building Children's Brains
- Opinion of Michigan Parents
- Expenditures for Early Education and Care in Michigan
- Seeking a Universal and High-Quality Early Education and Care System: The Challenge
- Closing the Michigan Early Education and Care Investment Gap

"Summit-2" followed on September 7, 1999 with greater representation from all sectors. A vision for Michigan early childhood education and care was developed. It states, in part, that:

"All children deserve the same start in life. Every Michigan child will enter school engaged in learning, with the capacity for success in school and in life. Every Michigan family will be able to access parent education and



All children deserve the same start in life.

high quality early childhood education and care through a system that respects the diversity of families with regard to ethnicity, religious beliefs, philosophy, and income."

In addition, four priorities were established for immediate action:

1. Multimedia public awareness campaign.
2. Parent education and support.
3. Professional development of other non-parent adult caregivers.
4. State and local level public/private partnerships.

Effective October 1, 1999 the name of this initiative was changed to "Ready to Succeed - Dialogue with Michigan." To monitor progress and keep updated, additional information is available on the internet through the Michigan 4C at www.mi4c.org. All child care providers are encouraged to keep themselves informed about this exciting initiative moving ahead in Michigan! ❖

This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the web address so they may receive their own copy. Issue 43 and beyond are available on the internet. **This document is in the public domain and we encourage reprinting.**

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